

**THEMATIC SESSION – II****Rehabilitation and Mental Well-being of Children in the JJ system****Institutional Care**

- Major issues faced under this head are - social stigma, financial constraints and jurisdiction issues. Child may face a stigma when he/she goes back to the school where he was studying prior to enter in the institution. Certain school authorities do not agree to get the child readmitted in the same school – either because of stigma to their school or want of jurisdiction over the place of residence of the child; at times, the child does not want to go to the same school on account of trauma. In such situations, there must a way to ensure schools from other locations also admit the children in their school. (i) National Institute of Open Schooling (NIOS) could be considered as an option; (ii) the child can be granted leave of absence, he could take tuitions at home and then be given a chance to give the final exams after which he can be sent to a different school.
- Most families being poor are not being able to afford the NIOS programme and children tend to drop out after they leave the institutional care. The challenge would require sponsorships schemes / financial aid programs.
- Conduct Age appropriate classes – facility to provide private tuitions to ensure the children are placed in classes appropriate to their age.
- Child care institutions may at times have a non-formal educational system. There has to be mandatory education for all the children in institutional care and way for proper follow up with the children after they leave the institution, till due completion.
- Formulate a MIS system to monitor the children within the institutional care.
- Formulate indicators for rehabilitation follow up of children who have moved out of the institutional care (either within the state or outside).

**Individual Care Plans**

- There is a need for an individual care plan that provides a way to assess the overall status of the child. A thoughtful assessment of child's needs whether in the realm of social, economic, physical, cognitive or mental health field is required. While creating individual care plans for children, factors like their educational and/or vocational status, aptitude, mental health, anxiety levels, family background, and behaviour with peers must also be considered. The ICPs should also receive input from community, police officers, previous school authorities to assess and analyse the background of the child's life.
- Involvement of welfare officers, counselor and psychologist, child's family and the child himself is important to understand and monitor the holistic needs of the child.

- Social Investigation report is an important document and must also be considered while making an individual care plan for the child.
- Abuse traumatizes a child and the lack of proper support received by him leads to multiple traumatization of different stages. Such children exhibit a wide range of behavioral problems and suffer from anxiety and depression. Thus, mental health should be a part of the process of formulating an individual care plan from the beginning itself. Provision for effective psychological and mental support must be enhanced and wide spread so that it helps the child to deal with the current situation and be able to overcome the same.
- Staff working on individual care plans must be well equipped and sensitized - Staff while formulating an individual care plan must be dynamic and evolving with the needs of each child. The ICPs should be progressive and dynamic and not formatized.

### **Vocational Training**

- Children while in institutional care take up skill training programs/vocational training, however, once they leave the institution, the course is left incomplete and they face an issue of validating their skill in the professional world due to a lack of certificate. As children do not complete their course before leaving the institution, they do not receive a certificate for the period of their completed course. There is a need for issuing certificates to all children of the course completed by them so that they can either use the same to take up a job or obtain a transfer certificate to be able to complete the rest of the course from some other training centre. Further, children who are not going to school must be mandatorily linked to PMKY and they should be given a certification (completion or transfer) so that they can go to another centre and continue their course.
- Need to formulate a plan to operate and run community training rehabilitation centre – with greater involvement of the community and stakeholders i.e. NSDC, DCPU, RWAs. Such training centres would be open to children who can come and learn a skill that can be used by them in the main stream.
- Identify the skill that a child is interested in and good at and promote such skill.
- Equip DCPU training centres to collaborate with companies and organizations who may employ them at a later stage.
- Place importance on helping the children get in line with the digital divide and have English language and basic skills to be eligible to a lot of job opportunities.
- Establish one point training / employment centres, which can impart training in basic English language, computers, other vocations and skills. This will help children be employed in firms, organizations, companies. Such training centres may also be later turned into placement agencies.

- Children between the age group of 16-18 years should be trained to be independent and be allowed to travel alone to their training centres.

### **Mental Health**

- Mental health record of every child must be maintained. Mental health issues must be an integral part of the individual care plan, which are made for the child.
- Mental health sensitization of the care staff is also important – regular counseling sessions for the staff must be encouraged to be able to address their issues and train them to handle children with trauma.
- Care staff and counsellors tend to miss the red flags, as they do not have the time to dedicate to each child. Enable the counsellors and care staff, through trainings, to identify the red flag issues so that timely precaution and aid is given to the child in need.
- Promote an attitude of positive mental health amongst all staff and children.
- Children have adjustment issues as they feel lost when they reach an institution being away from family, around new people, in a different environment. At that time there needs to be a trained counselor to support the child mentally during their beginning phase and thereon.
- Challenges in implementing the mental health plan – (i) Time and energy and resources for each child is too high and there is a shortage of staff to deal and manage the children (ii) Price of the medicines, if advised to a child, are expensive further, there is a lack of trained nurses to give medicines to children.
- Staff at OH and/or CCIs are faced with the issues that certain children suffer from the stigma of receiving medical treatment for mental health issues. In such cases, sensitization of the child must be done at regular intervals.
- Use of different modes and methods of promoting mental health of children i.e. Group counselling, therapy and intervention plans, dance and expressive arts therapy, workshop on relevant issues, meditation etc.
- Requirement of counsellors in each school to enable addressing the issue of mental health from the beginning stage itself.
- The issue faced was whether children with special need be placed in a mainstream or special schools facilities.
- Requirement of special educators and sign language experts
- Requirement for homes and vocational training opportunities for children with special needs as there is a lack thereof.
- Restoration of children with special needs is delayed as the staff finds it hard to understand their needs and provide them their specific requirement without assistance of experts.

- Disability certificate should be provided to the children with special needs to enable them to receive relevant benefits, schemes of the Government

**Non- Institutional Care**

- Though the guidelines for sponsorship and foster care have been laid down, the said guidelines have not been implemented and there has been no utilization of the budget given for sponsorship and foster care.
- Lay down the criteria by which a family would be eligible for foster care.

**After care**

- Children in institutions must mandatorily get an aftercare programme so that they can continue living a guided and well structured life outside the institution.
- Planning a child's after care usually starts a few months before the child turns 18 years old. It was suggested that the planning should start once the child turns 16 years old so that ample time and effort goes into devising the after care plan customized to their benefit and interest.
- Need to guide more children to the government run aftercare institutions, which are currently left unutilized.
- Equip the after care institutions/centres with trained staff to monitor the progress of the child after care and guide them when required.
- The child is faced with a lots of mental issues during the transitional phase – worries about what will happen to them after they turn 18 years, how do they deal with the society (as they have been out of touch with mainstream life).
- Need for transitional home so that they are prepared to get back into the society form the observational homes.
- Enable childcare institutions to provide pre-employment transition services like basic life skill, English language, soft and social skills and independent living to be able to deal with society and lead an independent life.
- Promote peer monitoring – wherein group of children can share an apartment and be provided services i.e. food etc. and can be charged a certain amount (if they are earning) so that they can learn social skills and get the responsibility to living a regular life like the rest.